DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AS (SEMIAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: ELMER HOUSE (0010643)

Address: 4232 4234 S PENNSYLVANIA AVE, ST FRANCIS, WI 53235

License Status: REGULAR

Licensed/Certified/Registered 03/01/2005

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0096050 End Date: 11/14/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0093188 End Date: 08/23/2004 Type: INITIAL Purpose: SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10008742 Served 08/27/2004

<u>Compliance</u>

Deficiencies CitedSubject AreaVerifiedCorrected83.53(1)(a)NUMBER & TYPES OF EXITS & PASSAGEWAYS11/14/2005Yes

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NOT RECORDED

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 09/08/2005 Date Investigation Completed: 11/14/2005

Subject Area(s) Result SOD #

PHYSICAL PLANTS & SAFETY HAZARDS SUBSTANTIATED ADMINISTRATION NOT SUBSTANTIATED

PROGRAM SERVICES NOT SUBSTANTIATED